COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHNL031253 US

As a below named inventor, I he	ereby declare that:				
My residence, post office addre	My residence, post office address and citizenship are as stated next to my name.				
I believe I am the original, first a plural names are listed below) of entitled:	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:				
the specification of which (chec	k only one item below):				
is attached hereto.	is attached hereto.				
☐ was filed as United States a	pplication				
Serial No					
on ,					
and was amended					
on					
X was filed as PCT internation	al application				
Number PCT/IB2004/052076					
on 13 October 2004					
and was amonded under DCT					
and was amended under PCT Article 19					
on ·			(if applicable).		
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.					
I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).					
I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:					
PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:					
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119		
Europe	03103915.9	23 October 2003	YES		

Compined Deciaration For Faterit Application and Lower of Attorney (Continues)				Attorneys Docket Number		
(include	(includes Reference to PCT International Applications) PHNL031253 US POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact					
POWE all busi	R OF ATTORNE iness in the Patent a	Y: As a named inventor, and Trademark Office cor	I hereby appoint to nected therewith.	the following attorney(s) and/o . (List name and registration no	r agent(s) to pro umber)	secute this application and transact
Jack E. Haken, Reg. No. 26,902 Michael E. Marion, Reg. No. 32,266			Direct Telephor (name and tele		ephone number)	
IVIICUS	rd M. Blocker, F	eg. No. 32,200			(914)332-0222	
Luwa	FULL NAME OF	FAMILY NAME	FIRST GIVEN NAME			SECOND GIVEN NAME
	INVENTOR	JOHNSON		Mark		Thomas
201	RESIDENCE &	CITY	STATE OR FOREIGN COUN		NTRY	COUNTRY OF CITIZENSHIP
201	CITIZENSHIP ·	EITIZENSHIP Eindhoven		The Netherlands		Great Britain
ì	POST OFFICE ADDRES Prof. Hoistlaar		SS CITY			STATE & ZIP CODE/COUNTRY
			1 6	5656 AA Eindhoven		The Netherlands
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME
	INVENTOR	SCHLANGEN		Lucas		Josef Maria
202	RESIDENCE & CITY CITIZENSHIP Eindhoven			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP
				The Netherlands		The Netherlands
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	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME
	INVENTOR	BAESJOU		Patrick		John
203	RESIDENCE &	CITY	STATE OR FOREIGN COUN		NTRY	COUNTRY OF CITIZENSHIP
	CITIZENSHIP Eindhoven		The Netherlands			The Netherlands
	POST OFFICE POST OFFICE ADDRE		ESS CITY			STATE & ZIP CODE/COUNTRY
	ADDRESS	1		n 6 5656 AA Eindhoven		The Netherlands
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME
	INVENTOR	ZHOU		Guofu		
204	RESIDENCE &	CITY	STATE OR FOREIGN CO		NTRY	COUNTRY OF CITIZENSHIP
20.	CITIZENSHIP			The Netherlands		The Netherlands
	POST OFFICE POST OFFICE ADDRI				STATE & ZIP CODE/COUNTRY	
	ADDRESS	Prof. Holstlaar	າ 6	5656 AA Eindhoven		The Netherlands
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.						
SIGNATURE OF INVENTOR 201		SIGNATURE OF INVENTOR 202 SIGNATURE		SIGNAT	GNATURE OF INVENTOR 203	
M 7 2.					·	
DATE 23 May 2005		DATE DATE				
SIGNA	ATURE OF INVENT	OR 204				
Goofwahou						
DATE	23 May 2005					

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

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the specification of which (chec	k only one item below):			
is attached hereto.				
was filed as United States a	pplication			
Serial No				
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and was amended				
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Europe	03103915.9	23 October 2003	YES	

Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number							
(includes Reference to PCT International Applications)							
POWE all busi	ER OF ATTORNE iness in the Patent a	Y: As a named inventor and Trademark Office co	, I hereby appoint nnected therewith	the following attorney(s) and/o . (List name and registration no	r agent(s) to pros umber)	secute this application and tran	sact
Jack	E. Haken, Reg.	No. 26 902			Direct Telephor		
	ael E. Marion, R			i	(name and tele		
		Reg. No. 30,245		(914)		32-0222	
	FULL NAME OF FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME		
	INVENTOR JOHNSON		Mark			Thomas	
201	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP	
١	CITIZENSHIP	Eindhoven		The Netherlands		Great Britain	
ì	POST OFFICE	POST OFFICE ADDRESS		CITY 5656 AA Eindhoven		STATE & ZIP CODE/COUNT	RY
- 1	ADDRESS Prof. Holstlaan 6		n 6			The Netherlands	
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME	
	INVENTOR	SCHLANGEN		Lucas		Josef Maria	
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	CITIZENSHIP .	Eindhoven		The Netherlands		The Netherlands	
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	ADDRESS	Prof. Holstlaan 6		5656 AA Eindhoven		The Netherlands	
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME	
	INVENTOR	BAESJOU		Patrick		John	
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l	POST OFFICE ADDR ADDRESS Prof. Holstlaa				STATE	STATE & ZIP CODE/COUNT	RY
					en	The Netherlands	
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME	
	INVENTOR	ZHOU		Guofu			
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	POST OFFICE	POST OFFICE ADDR	ESS	CITY		STATE & ZIP CODE/COUNT	RY
	ADDRESS Prof. Holstlaan 6		n 6	5656 AA Eindhoven		The Netherlands	
true: a	nd further that these	estatements were made der section 1001 if Title 1	with the knowledg	ge are true and that all stateme te that willful false statements a ates Code, and that such willfu	and the like so m I false statement	ade are punishable by fine or s may jeopardize the validity o	
SIGNATURE OF INVENTOR 201		SIGNATURE OF	SIGNATURE OF INVENTOR 202		SIGNATURE OF INVENTOR 203		
		Bohly					
					l Brown		
				M			
DATE		DATE 24 May 2005		DATE	24 May 2005		
SIGNA	TURE OF INVENT	OR 204					

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(July 1994)

DATE